



COUNTY OF PLACER

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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BIRTH CERTIFICATE APPLICATION INFORMATION AND INSTRUCTIONS

INFORMATION: In Person Requests require SWORN STATEMENT only.

All Mail In applications must include the signed sworn statement and be notarized under penalty of perjury to receive an Authorized Certified copy.

Birth records are maintained in the office of Placer County Vital Statistics for this year and last year only. We have records for birth's that occurred in Placer County only.

INSTRUCTIONS

1. If you are requesting a certified **Informational Copy**, complete only the Applicant Information and Birth certificate Information portions of this form. If you are requesting an **Authorized Certified Copy**, complete the entire form & attached sworn/notarized statement.
2. If you submit your order in person, you must sign a sworn statement in the presence of Office of Vital Statistics staff. If you submit your request by mail, you must complete the attached statement and sign it in the presence of a Notary Public.
3. Use a separate application form for each different record of birth for which you are requesting a certified copy (if submitting your request by mail, remember to identify each certificate requested on the sworn statement.)
4. Complete the **Application Information** section and provide your signature where indicated under **Birth Certificate Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record. **If the registrant has been adopted, please make the request in the adopted name.**
5. Submit \$17.00 for each certified copy requested. If you are mailing your request, indicate the number of certified copies you wish and include sufficient money with this application, in the form of a personal check, postal or money order. Make checks payable to: P.C.V.S. Mail application to:

Vital Statistics/HHS,
11484 B Avenue,
Auburn, Ca 95603

Anyone can obtain an Informational Certified Copy of a birth record. The record is for informational purposes only and may not be used to establish identity. Informational copies will have the following words printed across the face of the document.

“INFORMATIONAL NOT A VALID DOCUMENT TO ESTABLISH IDENTITY”

BIRTH

MAIL-IN APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

NOTICE: All Mail-In applications must include the signed sworn statement and be notarized under penalty of perjury to receive an Authorized Certified copy.

California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of birth records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked **"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."** Please indicate whether you would like an Authorized Certified Copy or an Informational Copy.

<input type="checkbox"/> I would like an Authorized Certified Copy of the record identified on the application form. (In order to receive a Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below.)	<input type="checkbox"/> I would like an Informational Copy of the record identified on the application form. (You are not required to select from the list below in order to receive an Informational Copy.) NOTE: <i>An Informational copy does not require a sworn statement or notarization by mail or in person.</i>
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I AM	The new law describes an authorized person as:	(Please select)
<input type="checkbox"/>	103526 © A parent or legal guardian of the registrant.	
<input type="checkbox"/>	103526 © A member of law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.	
<input type="checkbox"/>	103526 © A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.	
<input type="checkbox"/>	103526 © An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate.	

BIRTH CERTIFICATE INFORMATION (Please print or type)
Please read information and instruction before filling out application form.

Name on Certificate	First	Middle	Last Name
City / County of Birth		Place of Birth <input type="checkbox"/> Sutter Auburn Faith Hospital <input type="checkbox"/> Sutter Roseville Hospital	
Date of Birth -Month, Date, Year	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<i>For Office use only:</i>	
Name on Certificate -Father's First	Name on Certificate - Father's Middle	Name on Certificate - Father's Last	
Name on Certificate - Mother's First	Name on Certificate - Mother's Middle	Name on Certificate Mother's Last	

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)			
Printed Name and Signature of Person Completing Application		Today's Date	Telephone Number ()
Address - Number, Street	City	State	Zip Code
\$17.00 For each copy ordered	No. of Copies	Amount Enclosed \$	

Name		
Street Address		
City	State	Zip

Make Checks payable to: P.C.V.S
Return all copies and Sworn/Notarized Statement to:
Health and Human Services
Vital Statistics
11484 B Avenue, Auburn , CA. 95603

◀ This box is to be used as a mailing label for your return copy (s). Please print your name and address.

SWORN STATEMENT

I, _____ declare under penalty of perjury under the laws of the
(Printed Name)
State of California, that I am an authorized person, as defined in California Health and Safety Code
Section 103526 (c), and am eligible to receive a certified copy of the birth or death record of the following
individual(s):

Name of Person Listed on Certificate	Relationship to Person Listed on Certificate

Subscribed to this _____ day of _____, 200____, at _____, _____.
(Day) (Month) (City) (State)

(Signature)

Note: If submitting your order by mail, you must have your sworn statement notarized using the Certificate of Acknowledgment below.

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)ss
County of _____)

On _____, before me personally appeared _____,

☐ personally known to me, or ☐ proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.
(NOTARY SEAL)

NOTARY SIGNATURE